

**WEBER SCHOOL DISTRICT**  
**Authorization of School Personnel to Administer Medications**

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
School/Teacher: \_\_\_\_\_

Name of licensed medical provider completing form: **(Please Print)**  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Licensed Medical Provider's Statement:**

1. Name/type of medication: \_\_\_\_\_
2. Dosage/amount to be given: \_\_\_\_\_
3. Frequency/times to be administered: \_\_\_\_\_
4. Condition for which medication is prescribed: \_\_\_\_\_
5. Duration: \_\_\_\_\_
6. Anticipated reactions to medication (symptoms, side effects for underdose/ overdose, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Medical Provider Date: \_\_\_\_\_

**Parent/Guardian Request/Approval**

I hereby request and give my permission for the above named student to receive the specified medication as stated in the above instructions from the medical provider. I give permission for exchange of verbal and written communication between the physician and school nurse regarding my child's medication regime. We agree to bring the medication to school in a container from a pharmacist, properly labeled including: name of student, doctor, date, dosage, name of medication and method of administration. We also agree to notify the school of any change or discontinuation of the medication. We acknowledge that the school is not legally obligated to administer medication to our student and agree to hold the school district and its employees harmless and not liable, civilly or criminally, for any adverse reaction suffered by my child as a result of taking the medication as indicated.

***Students in violation of the Medication Policy may be subject to disciplinary action under the Safe School Policy.***

_____ Parent Signature	_____ Date	_____ School Nurse Signature	_____ Date
_____ Student Signature	_____ Date	_____ Principal Signature	_____ Date